MULTIPLE DEPENDENT CLAIM SERIAL NO. 10/58/395 APPLICANT(S) FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER AS FILED 1"AMENDMENT 2 [™] AMENDMENT 1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>6</u>2 .76 TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS